

**EXHIBIT C**

**Ohio Workers' Comp Claim No. 277**

**WR Grace**

RUST000049

**Bankruptcy Form 10**  
**Index Sheet**
Claim Number: 00000277Receive Date: 07 / 05 / 2001**Multiple Claim Reference**

Claim Number \_\_\_\_\_

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

Claim Number \_\_\_\_\_

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**Attorney Information**

Firm Number:

Firm Name:

Attorney Number:

Attorney Name:

Zip Code:

Cover Letter Location Number:

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input checked="" type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input type="checkbox"/> Other Attachments	
<b>Other</b>	<input type="checkbox"/> Non-Standard Form	
	<input type="checkbox"/> Amended	
	<input type="checkbox"/> Post-Deadline Postmark Date	

**PROOF OF CLAIM****United States Bankruptcy Court****DISTRICT OF DELAWARE**

In re:

**W.R.GRACE & CO.-COMM**

Case Number: 01-1140

Judge:

Chapter: 11

Name and Address Where Notices Should Be Sent to Creditor

Ohio Bureau of Workers' Compensation  
Law Section Bankruptcy Unit  
P.O. Box 15398  
Columbus, OH 43215-0398  
Telephone No. (614) 466-6600  
Fax No. (614) 752-1948

☐ Check box if you are aware that any one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you never received any notices from the bankruptcy court in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR  
COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

Risk Number: 4650

☐ Check here if this claim amends a previously filed claim dated

**1. BASIS FOR CLAIM**☒ Taxes

☐ This claim is founded upon the debtor's statutory obligation to pay the cost of Workers' Compensation Claim No. pursuant to Ohio Revised Code Section 4123.75 which became due.

☐ This claim is founded upon the debtor's obligation to reimburse the Bureau for an amount of compensation which he was overpaid, which became due.

☒ This claim is founded upon the debtor's statutory obligation to pay workers' compensation premiums pursuant to Ohio Revised Code Section 4123.35, which became due 04/02/2001.

☐ Other

**2. DATE DEBT WAS INCURRED:**  
04/02/2001

**3. IF COURT JUDGMENT, DATE OBTAINED:**

**4. CLASSIFICATION OF CLAIM**  
☐ SECURED CLAIM \$

☒ UNSECURED PRIORITY CLAIM \$256,379.18

Attach evidence of perfection of security interest for taxes or penalties of governmental units - 11 U.S.C. 507(a)(7)

Brief description of Collateral:

☐ Real Estate and All Personal Property  
☐ Other

Amount of arrearages and other charges included in secured claim above, if any \$

☐ UNSECURED NON PRIORITY CLAIM \$**5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:**

\$	\$	\$256,379.18	\$256,379.18
Unsecured	Secured	Priority	Total

☐ Check this box if claim includes preparation charges in addition to the principal amount of the claim.

**6. CREDITS AND SETOFFS:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

**7. SUPPORTING DOCUMENTATION:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the document is voluminous, attach a summary.

**8. TIME-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this claim.

2001-05-AM11  
THIS SPACE IS FOR  
COURT USE ONLY  
LED  
U.S. BANKRUPTCY COURT  
DISTRICT OF DELAWARE

SIGN AND PRINT THE NAME AND TITLE OF ANY PERSON AUTHORIZED TO FILE THIS CLAIM.

Date: 7/2/2001

KENNETH R. CAIN JR, BWC ATTORNEY

WR Grace

BF.2.6.277

00000277

## MEMORANDUM

To: Bankruptcy File  
From: Law, Bankruptcy Section

Policy No. 4650  
Name of Debtor W R GRACE & CO  
Date: 07/02/2001

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<u>Description of Billing</u>	<u>Amount</u>
Premium Billings:	
Balance Forward Premium	\$ 256,379.18
Total Premium:	\$ 256,379.18

Grand Total: \$ 256,379.18  
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